BRANDON REGIONAL HEALTH AUTHORITY

ANNUAL REPORT 2010

Brandon Regional Health Authority offers a wide range of health services and programs to the citizens of Brandon and the municipalities of Cornwallis, Elton, Whitehead and our neighbouring regions.

Programs and Services include Long Term Care, Public Health, Home Care, Mental Health, Audiology, Medical Officer of Health, Rehabilitation, Acute Care and Ambulatory Care Services, 7th Street Health Access Centre and a full range of Diagnostic Services.

Brandon Regional Health Centre serves as a regional referral centre for the "Westman" area.

OUR VISION:

A model region, responsive to the community through teamwork and a focus on "health"

OUR MISSION:

Promotion of healthy choices and delivery of health services across the lifespan in a variety of settings; in partnership with the residents of the Brandon and neighbouring Regions.

OUR VALUES:

Integrity | Continuous Improvement | Respect and Dignity | Teamwork | Accessibility

For the fiscal year April 1, 2009 to March 31, 2010

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LETTERS OF TRANSMITTAL

MARG MACDONALD, BOARD CHAIR

We have the honour to present the annual report for the Brandon Regional Health Authority, for the fiscal year ended March 31, 2010, as approved by the Board of Directors.

This annual report was prepared under the Board's direction, in accordance with The Regional Heath Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of June 21, 2010 have been considered in preparing the annual report.

Respectfully Submitted on Behalf of the Brandon Regional Health Authority

M. MacDonald

CARMEL OLSON, CHIEF EXECUTIVE OFFICER

The Brandon Regional Health Authority Strategic Plan spans the five-year period 2006/07 - 2010/11 and is reviewed on an annual basis to determine if the long-term direction remains relevant, in relation to external and internal environments. In accordance with our "planning cycle", we have begun working on the next 5-year plan, utilizing the latest Community Health Assessment findings to inform the process. The report is available on our website.

The 2009/10 Annual Report is a summary of progress related to the achievement of actions that have been devised to address the strategic priorities set out by the Board. This status report is consistent with the format established for the annual health plan component and although some prior year's activity is included, for the sake of brevity, it does not include all achievements and milestones.

The Brandon Region provides many programs and services on behalf of our neighbouring and other regions that are further remote. As well, numerous employees in a variety of roles throughout the organization participate in the planning and development of inter-regional strategies, as well as provincial initiatives. In addition, individuals and the Region have been recipients of awards that recognize outstanding achievement, by provincial and national organizations. Over the years, presentations highlighting some of our best practices have been made at provincial, national, and international conferences.

Demographics of the population will continue to pose challenges as we continue pursuit of a stable and sustainable workforce; however, planning and innovative recruitment/retention efforts are relentless. The downward trend in the economy has and will continue to impact the health care system; therefore, we must contend with fiscal restraints in an environment where there is increasing demand for services and escalating costs. The Brandon Regional Health Centre Foundation, the Fairview Home Foundation, and the Brandon Regional Health Centre Auxiliary contributions are highly valued and critical to our ability to acquire equipment and other program supports. The generosity of individual and group donors is also very much appreciated and of course, considered essential to the operations.

We look forward to completion of the Westman Lab and Western Manitoba Cancer Care projects, which will enhance service delivery and improve access for the people that we serve.

As I approach retirement and reflect on my years of service with the Brandon RHA, I must acknowledge that there are no words that adequately express my appreciation to managers, direct service staff, volunteers and physicians for their contributions to the healthcare system and their outstanding dedication and commitment to quality and safety. We are a "human system" and therefore, will never achieve perfection; however, there are countless success stories that can be attributed to teamwork and a willingness to find opportunities for improvement.

In closing, on behalf of the Executive Management Committee, I want to express gratitude for the support that we have received from current and past board members, as well as the people that we serve; your encouragement is both appreciated and motivating. I also want to acknowledge the exceptional opportunities for communication with Ministry personnel and an ongoing positive working relationship.

Carmel Olson

THE REGION

The Brandon Regional Health Authority consists of a geographical area of approximately 67 square kms, encompassing the City of Brandon, the Rural Municipalities of Cornwallis, Elton and Whitehead.

The majority of residents live in the City of Brandon with a population of 46,487 while 2,791 reside in the R.M. of Cornwallis. The R.M. of Elton and the R.M. of Whitehead have 1,307 and 765 respectively (as of 01 June 2009) (Source: 2009/2010 Medical Reports and Population Report, MB Health, 2010). RHA total population data (2009) shows that 18.1% of the population are under age 15; 67.8% are between the ages of 15 and 64; and 14% are over age 65. These figures do not represent a significant change in the breakdown between the age groups since 1996. While no First Nations communities are in the Brandon Region, 9.2% (Source: Community Profile, Statistics Canada, 2009) of the population is of Aboriginal origin (compared to 4% in the 1991 census data). This figure equates to approximately 4,355 people; however, agents of the Friendship Centre speculate that the number is closer to between 5,000 and 8,000, many of whom are students at Brandon University or Assiniboine Community College and who continue to register their place of residence as on-reserve.

The Brandon Regional Health Centre is a referral centre providing secondary and limited tertiary services to the surrounding regions. In addition, it provides several community-based services that were established to serve the "Westman" region (e.g. mental health, diabetes education). It is our belief that we serve a population of approximately 120,000 - 180,000, depending on the need for access from residents of Assiniboine, Parkland and Central Regions, and the eastern portion of the Province of Saskatchewan. "Providers of Service" reports indicate that for most specialties, more than 50% of specialist services are provided to people residing outside of the Brandon RHA. Hospitalization data demonstrates that approximately 35.3% of hospital days are attributable to non-residents.

In the Brandon Region, census data indicates that average household incomes have increased between 1996 ($41,727), 2001 ($48,287) and 2005 ($52,030), but remain lower than the provincial average. Individual income levels have also increased; however, females at $27,323 remain significantly lower than males who average $35,961. The unemployment rate for the City of Brandon is estimated at 4.1% (2009), which is similar to the provincial rate (4.2% in 2008), but lower than the national rate (8.6% as of June 2009). The rate is higher for males (5.5%) than for females (5.3%). Rural unemployment rates are lower due to the agricultural industry and concentration of seniors in towns and villages.

During the last decade, the Maple Leaf Foods hog processing facility in Brandon has positively impacted population growth, the economy, and the ethnic diversity of the community. In this context, despite very strong new dwelling construction numbers, the demand for low cost dwellings in Brandon has increased and access to sufficient safe, affordable housing remains a concern in the community.

BOARD MEMBERS

The April 1 2010 - March 31, 2011 Board Members

Front row L-R: Barbara Anne Smith, Rita Blaikie, Marg MacDonald - Chair, Terry Parlow, D.J. Scotty McIntosh, Anne Todd

Back row L-R: Charles Cuerrier, Dean Dietrich, ARHA Rep., Jo-Anne Douglas, Roland Vodon, Perry Roque, Al Patterson

Missing in photo: Karen Doty-Sweetnam, Alison McNeill-Hordern - Vice Chair

Board meetings are held at 7 pm on the third Tuesday of each month in the City Hall Council Chambers.

Meetings are open to the public and also aired on WCG-TV.

Approved Board minutes are available online at www.brandonrha.mb.ca

The 2009/2010 board members were: Chair, Margaret McDonald, Alison McNeill-Hordern, Barbara Anne Smith, Perry Roque, D.J. Scotty McIntosh, Jo-Anne Douglas, Colin Macfarlane, Terry Parlow, Al Patterson, Charles Cuerrier, Roland Vodon, Rita Blaikie, Darrell Racine.

For the 2010/2011 fiscal year, Minister Oswald has appointed two new Board of Directors, Anne Todd and Karen Doty-Sweetnam. Charles Cuerrier, Roland Vodon and Rita Blaikie were reappointed for 3-year terms. Alison McNeill-Hordern was named Vice-Chair.

BOARD GOVERNANCE

The Board has two standing committees: Finance/Audit and Executive. The Board Chair acts as liaison to the Provider Advisory Council.

Through executive limitations policies, the Board acts to ensure that the health plan is implemented, that funds are allocated appropriately, and that effective systems of control and legislative compliance are maintained.

Through its Finance/Audit Committee, the Board

- Reviews, approves and recommends financial disclosure
- Maintains oversight of internal control and management information systems
- Maintains communication with auditors
- Focuses on areas of significant risk to the Board.

On behalf of the Board, Management

- Reports accurately, consistently and on a timely basis
- Selects and recommends policies, estimates and disclosures
- Maintains cost-effective internal control and management information systems.

On behalf of the Board, External Auditors

- Assess the appropriateness of accounting policies, estimates and disclosures
- Review key financial internal control systems
- Provide value-added, cost-effective audit services
- Focus on areas of significant risk to the Board.

Executive Limitations Policies

- Define parameters for the Chief Executive Officer.

Monitoring through surveys and self-assessments

- The Board of Directors conducts an annual self-assessment process under the leadership of the Board Chair. The board discusses and interprets the outcome of the self-assessment and creates a work plan highlighting specific goals and objectives for improvement in identified areas.

BOARD/EXECUTIVE MANAGEMENT ADVISORY COMMITTEES

Medical Advisory Committee (MAC) is comprised of physician clinical department chiefs, with representation from the Assiniboine RHA and the Brandon RHA Executive Management Team. The VP Medical and Diagnostic Services acts as Chair. MAC reviews departmental issues, makes recommendations for medical staff appointments, and provides advice on other matters.

Provider Advisory Council (PAC) is an advisory group that includes providers from a number of programs throughout the region. PAC offers professional and paraprofessional expertise and advice to the Brandon RHA Board of Directors. The Council promotes collaboration and effective working relationships among health care providers. PAC provides consultation and/or advice to the RHA on matters having an impact upon, or otherwise involving, the delivery of health services in the Region.

Spiritual Care Advisory Committee acts as a forum for discussing issues of how the local faith communities, clergy, Aboriginal Elders and the Brandon RHA might offer spiritual care in a collaborative, effective fashion.

Ethics Committee is a group of health professionals and community members from Brandon and Assiniboine Regions who assist families, individuals and healthcare providers to work through ethical issues.

Upon inception of regionalization, the Minister of Health for the province of Manitoba waived the requirement for the Brandon Regional Health Authority to have a District Health Advisory Committee. Based on the geographical area of the region and the organization of programs and services being centralized in the City of Brandon, it was determined that the Brandon Regional Health Authority would have a "representative" board, which includes appointees from the RMs and a cross appointment from ARHA.

We also have multi-agency and consumer representation on a variety of committees that are operational in nature.

RHA Committees with Public Representation

- Regional Diabetes Program Advisory Committee
- Sexual Health Committee
- Maternal Child Program Team
- Cancer Care Team
- Home Care Team
- Brandon Community Health Partners
- Ethics Committee
- Expressions (Community Mental Health)
- Aboriginal Health Sharing Circle
- Spiritual Care Advisory Committee
- Families First Coalition
- Mental Health Advisory Committee

EXECUTIVE MANAGEMENT COMMITTEE

CHIEF EXECUTIVE OFFICER - Carmel Olson

Reporting through the Chairman of the Board, the CEO is ultimately responsible for the administration and delivery of all health care services provided by the Brandon Regional Health Authority. Working closely with the senior management team, the CEO has primary responsibility for establishing a framework for future direction and providing leadership for strategic planning processes.

An important role for this position involves interacting with Manitoba Health, elected officials and other regions. As well, the CEO serves as the primary spokesperson for the Region, dealing with the media, staff and members of the public.

VICE PRESIDENT MEDICAL AND DIAGNOSTIC SERVICES - Dr. Charles Penner

- BRHC Clinical Department Chiefs
- Diagnostic Imaging
- Medical Services
- Research
- Utilization
- Practice Guidelines

VICE-PRESIDENT ACUTE CARE SERVICES - Bev Cumming

- Health Centre Patient Care
- Hearing Conservation
- Rehabilitation Services
- Volunteer Services
- Spiritual Care

VICE PRESIDENT COMMUNITY AND LONG TERM CARE SERVICES - Jayne Troop

- 7th Street Health Access Centre
- Home Care
- Mental Health
- Midwifery
- Public Health
- Rideau Park and Fairview Personal Care Homes
- Liaise with Hillcrest Place, Dinsdale Home and Valleyview
- Health Promotion

VICE PRESIDENT HUMAN RESOURCES AND SUPPORT SERVICES - Jason Marchand

- Capital Planning
- Environmental Services
- Human Resources
- Nutrition Services
- Property Management
- Safety and Emergency Services

VICE PRESIDENT QUALITY, PLANNING AND EVALUATION - Sue Hunter

- Accreditation
- Clinical Documentation
- Clinical Evaluation and Analysis
- Decision Support
- Health Plan
- Patient Representative
- Patient Safety
  - Quality Improvement
  - Risk Management
- Population Health and Analysis
- Regional Policies

VICE-PRESIDENT FINANCE AND INFORMATION SERVICES - Brian Schoonbaert

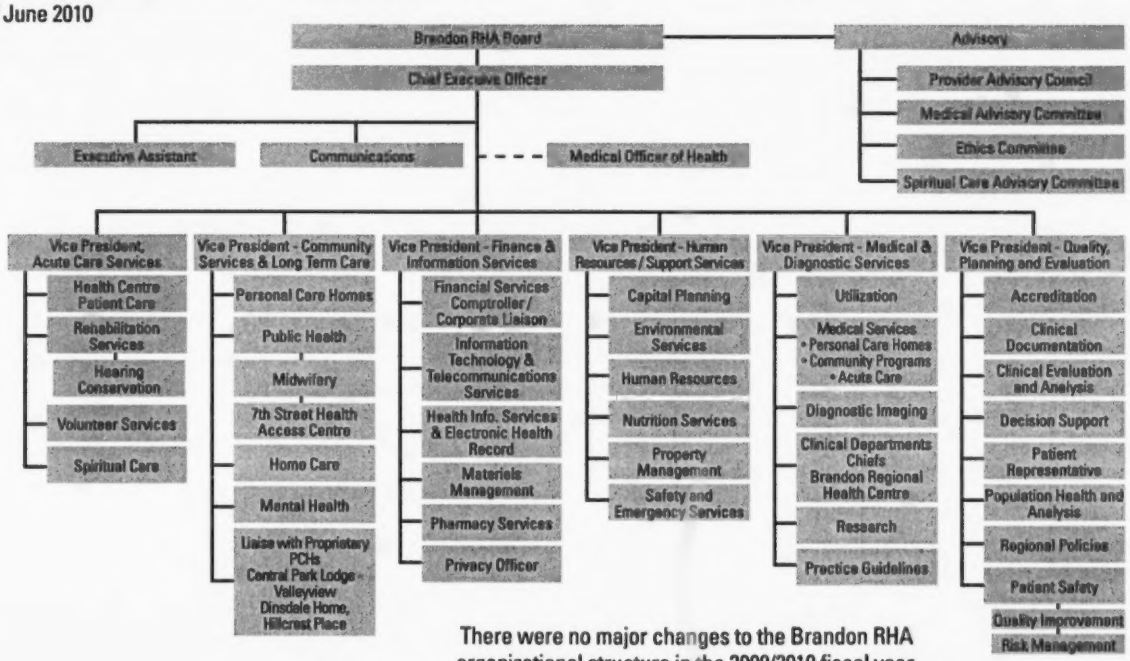
- Financial Services
- Materiels Management
- Pharmacy Services
- Privacy Officer
- Health information and Electronic Health Services
- Information Technology and Telecommunication Services

COMPTROLLER/CORPORATE LIAISON - Janet Wilcox McKay

- Budget development processes
- Internal audit process
- Day-to-day operation of financial and payroll services
- Access and Privacy Coordinator for FIPPA

ORGANIZATIONAL STRUCTURE

As of June 2010

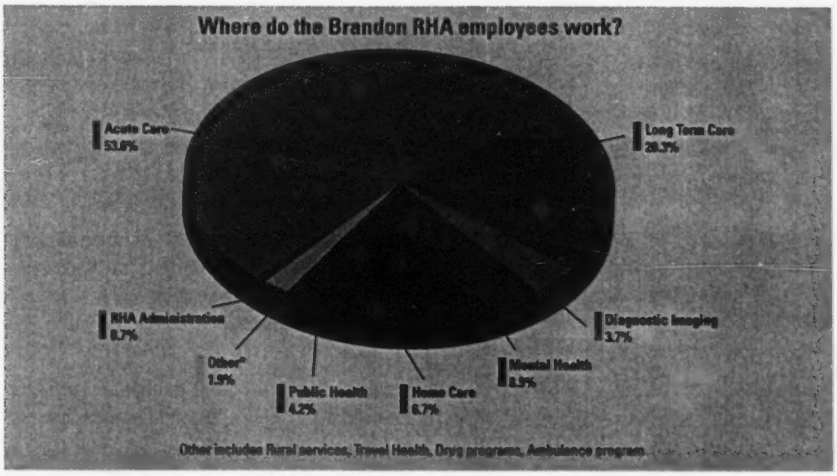


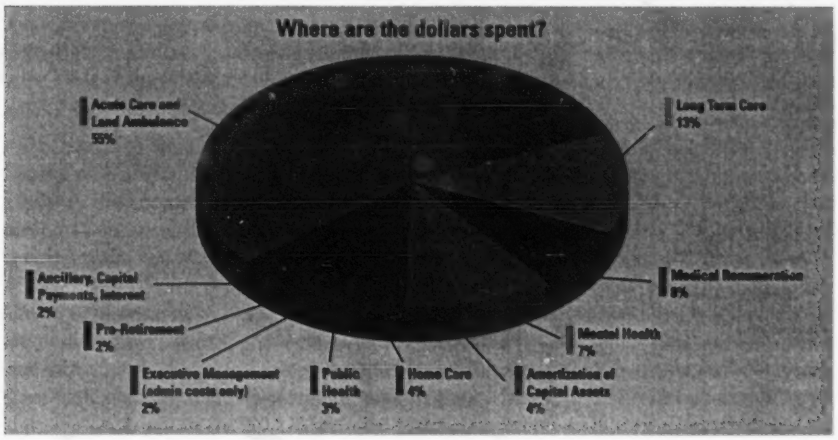
There were no major changes to the Brandon RHA organizational structure in the 2009/2010 fiscal year.

HEALTH SYSTEM INFRASTRUCTURE

The Brandon Regional Health Authority employs over 2500 people in almost 1205 equivalent full-time positions.

In the 2009/2010 fiscal year, volunteers provided over 51,881 hours of service at Rideau Park, Fairview and the Brandon Regional Health Centre.


Where do the Brandon RHA employees work?
Acute Care 53.6%
Long Term Care 28.3%
RHA Administration 0.7%
Diagnostic Imaging 3.7%
Other* 1.9%
Mental Health 8.9%
Public Health 4.2%
Home Care 6.7%
Other includes Rural services, Travel Health, Drug programs, Ambulance program


Where are the dollars spent?
Acute Care and Land Ambulance 55%
Long Term Care 13%
Ancillary, Capital Payments, Interest 2%
Medical Remuneration 8%
Pre-Retirement 2%
Mental Health 7%
Executive Management (admin costs only) 2%
Public Health 3%
Home Care 4%
Amortization of Capital Assets 4%

Please Note: Regional Health Authorities determine administrative costs on an annual basis, based on specific criteria determined by the Canadian Institute of Health Information (CIHI). The Audited Financial Statements are presented based on Sectors which include the respective administrative costs. Following is the Brandon Regional Health Authorities administrative costs based on the CIHI criteria:

Administrative cost (% of total):	**4.0%**
Corporate Operations (% of total) general administration (executive offices, board of directors, medical directors, administrators of acute, long term and community care, public relations, planning and development, community health assessment, risk management, internal audit), finance (general accounting, payroll, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).	***3.1%***
Patient Care related functions and Recruitment and Human Resource-related functions (% of total) infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines, and bed utilization management, recruitment and retention, labour relations, personnel records, employee benefits, health and assistance programs, and occupational health and safety	***0.9%***

2009 COMMUNITY HEALTH ASSESSMENT

The Brandon RHA completed an extensive Community Health Assessment (CHA) in 2009. The CHA describes the health, health needs and strengths of the Brandon population. The information gathered is used as a tool to determine future health priorities within the Region.

The CHA is an ongoing process with the last report completed in 2004. Information from that report has lead to several new initiatives in the region such as the Crocus Plains High School Early Learning Centre, Brandon Community Language Centre, and Healthy Brandon; a chronic disease prevention initiative.

If you would like to see the full report go to our website www.brandonrha.mb.ca under Programs and Services and click Planning and Evaluation.

ACCREDITATION 2009

The Brandon RHA again took part in the accreditation process in 2009, and is pleased to report 90% of the quality measures were achieved. The accreditation process, through Accreditation Canada, provides the organization an opportunity to conduct a self-assessment against national standards in order to improve the way we provide services. Accreditation Canada surveyors conducted an on site survey of the Brandon RHA operations in October of 2009.

The Brandon RHA always strives to improve especially when it comes to care and safety. The following are some areas that will be focused on over the next 3 years.

- Medication storage
- The transfer of clinical information when patients move from one program to another
- A fall prevention strategy to minimize the impact of client falls
- Completing an independent double check before administering high-alert/high-risk medications in all programs
- Evaluating compliance with accepted hand hygiene practices

During this process, surveyors also highlighted many of the successes of the Brandon RHA. Some of those include:

- "The staff of the Brandon RHA are its greatest asset"
- "The organization is to be commended on its medication management practices."
- "Strong supportive community partnerships are in place that recognize and work collaboratively on the determinants of health to contribute to a healthy population."
- "Comprehensive mental health programs are in place that aim to build on acute care services, provide access to community support and provide resources that empower individuals."

The Brandon RHA will continue to maintain efforts for improvement to ensure our healthcare environment and services are safe. The RHA takes part in the accreditation process every three years. If you would like to see the full report go to our website www.brandonrha.mb.ca under Programs and Services and click Planning and Evaluation.

CLOSING THE CULTURAL GAP PROJECT

Initiated with funding from the Aboriginal Health Transition Fund Adaptation Envelope, the Brandon RHA successfully completed the "Closing the Cultural Gap" project in 2009. The project was designed to identify and implement actions that will enhance access for Aboriginal people to our exiting programs and services offered in the region.

Project staff members gathered information by listening to the experiences of the Aboriginal community members and incorporating their collective recommendations into actions at the program level. Over two hundred Aboriginal community members shared their experiences.

Aboriginal people have poorer health status than all other Manitobans and it is very important for the Brandon RHA to remove any barriers to access in the health care system.

STRATEGIC PLAN

The Brandon Regional Health Authority's Strategic Plan is based on five strategic priorities. These priorities provide the direction for delivery of programs and services.

The Brandon Regional Health Authority's Strategic Plan was created following the development of our vision, mission and values. The strategic priorities as identified below are based on an extensive review of the Community Health Needs Assessment and other supporting data. Progress on these strategic priorities guided by our values and our mission will help our region to be *"a model region, responsive to the community through teamwork and a focus on 'health'."*

Improved health status of the population through strategies that focus on wellness and the factors that determine health.

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

Health system integration with partnerships that enhance access and minimize duplication.

An organization that attracts and retains employees who feel valued and supported.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

ACHIEVEMENTS 2009 - 2010

The region prepares a five-year Strategic Plan based on priorities established by the Board in consultation with staff and physicians. The process includes an environmental scan of information from multiple sources including Community Health Assessment reports. The following information highlights our annual achievements from our Strategic Plan.

STRATEGIC PRIORITY:

Improved health status of the population through strategies that focus on wellness and the factors that determine health.

This strategic priority aligns with the following Manitoba Health's Goal of "Optimize the health status of all Manitobans" and the following Provincial strategies:

- Advance healthy living through strategic partnerships for realignment of resources.
- Through partnership reduce health disparities for at-risk populations defined by socioeconomics, ethnicity, geography, and gender.
- Lead innovation and system change through strategic partnerships.

CRITICAL SUCCESS FACTORS AND STRATEGIES:

1. Complete implementation of the tobacco reduction strategy and support healthy public policy, e.g. by-laws and other strategies that prohibit or reduce smoking.
2. Sexually transmitted infection / Sexually transmitted diseases Strategy Implementation:
   - Monitor outcome targets established in 2005/06 and amended subsequently.
   - Develop and implement strategies to address incidence and prevalence, based on local epidemiology and resource capacity.
   - Support and participate in strategies to promote healthy, responsible sexual practice.
3. Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, and high school based programs.
4. Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding.
5. Develop and implement the Chronic Disease Prevention Initiative, based on a framework that addresses cardiac, respiratory and renal diseases as well as cancer (Plan approved in March of 2006).
6. Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation.
7. Continue to implement the revised Regional Diabetes Program (RDP) with emphasis on the Aboriginal population.
8. Develop and implement a Renal Health (Pre-renal Insufficiency) Outreach Program in collaboration with the Manitoba Renal Program.
9. Develop a long-term plan to address the increasing incidence of mental illness in children, adults and the elderly (findings MCHP Report 2004), and implement Early Intervention Program ("First Contact for Youth Service").
10. Continue development and implementation of an Aboriginal-specific Health Strategy (a population health framework in consultation with Aboriginal groups).
11. Continue implementation of the 3-year Injury Prevention Plan in collaboration with Safe Communities Brandon and Area.

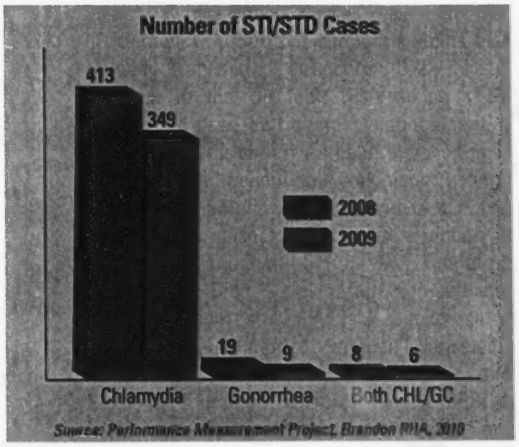
PERFORMANCE RESULTS:

1. The Tobacco Dependence Program in the Brandon RHA provides smoking cessation counseling to staff, inpatients, outpatients, and public (since 2005). The continued implementation of the tobacco reduction strategy saw 930 people referred to the Tobacco Dependence Counselor with 576 in-patient visits. The Brandon RHA maintains its Smoke-Free Grounds policy. The Butt Out Smoking Strategy (BOSS) for mental health clients continues in the region. Health Promotion staff work actively with Healthy Brandon Coalition to reduce tobacco use in the community, including the Blue Lights for Smoke Free Homes campaign, Quit Baskets for workplaces, and Car and Home Smoke Free for Me campaign. A partnership with the Student's Working Against Tobacco team at Neelin High School has been formed to support tobacco cessation education aimed at elementary and middle school aged children. Group smoking cessation classes have been integrated into the Specialized Supports for Group Living program.

   The Brandon RHA was funded through the Ottawa Heart Institute to participate in and implement the Ottawa Model for Smoking Cessation. Staff members have an increased presence at prenatal classes and Healthy Beginnings programs to promote smoke-free homes and smoking cessation to new moms. In addition, several staff members have been educated

on the Start Taking Action To Reduce Second-Hand Smoke, a harm reduction program aimed at smoking single moms. In the spring of this year, the Brandon RHA hosted Breaking the Nicotine Connection conference with nationally recognized keynote speakers.

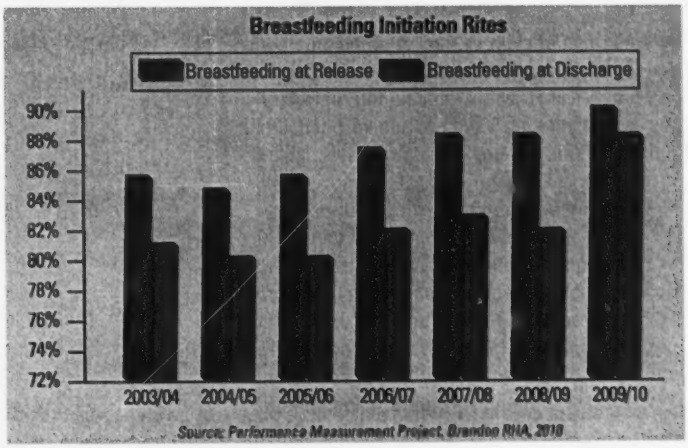
2. Several Public Health Nurses have obtained a Delegation of Function to order and conduct specific tests to diagnose sexually transmitted infections (STI). The Sexual Health Program in the Brandon RHA includes STI counseling, testing and case and contact management, as well as the provision of reproductive health supplies and services. The Brandon RHA became an Anonymous Testing Site for HIV in 2008, seeing an increased number of clients in this year of operation. In partnership with the Brandon School Division and the Rolling River School Division, the Brandon RHA implemented Teen Clinics at four high schools. These clinics utilize the resources of a Public Health Nurse, Medical Doctor, Addictions Foundation of Manitoba Counselor and a Child and Adolescent Treatment Centre worker. In partnership with the Sexuality Education Resource Centre (SERC) and Westman Immigration Services, created the Take Care Down There campaign, developing educational resources in Spanish, Russian, Amharic and Mandarin languages.



3. Afternoon pre-natal classes are available targeting teenage moms-to-be. Parenting skills training can be obtained through the Families First Program providing one-on-one home visiting parenting support. The Healthy Beginnings Postpartum program has become so large and successful that it has been changed to a delivery model by child age groups (0-6 months, and 7-12 months) and has had to move the location to Central United Church. All Public Health Nurses and Families First Home Visitors have received training in Triple P Parenting Program and offer service through individual consultations.

4. The Brandon RHA employs several strategies to promote and support breastfeeding practices with Moms. Breastfeeding is promoted with education provided in every prenatal session. A guest speaker from the La Leche League presents at one class and discusses supports available from their group. The Healthy Baby Program promotes breastfeeding as well through support and guidance during the bi-weekly meetings.

The Brandon RHA has developed an ad hoc committee to look at ways to improve the rate of breastfeeding among the Aboriginal population (Metis, First Nation and Inuit) in our region. As identified by Public Health data, of the 84 aboriginal births recorded, 68% of those Moms were breastfeeding. Staff members of the Maternity Care Unit receive two hours of breastfeeding education and participate in the Douglas College breastfeeding course. In April of 2010, the Public Health program developed an additional staff-learning model for breastfeeding as part of their orientation program.



5. The Brandon RHA Health Promotion Unit was created in 2009. It employs Health Promotion specialists and Healthy Living Facilitators. All of these staff members play key roles in the highly successful Healthy Brandon Coalition. Healthy Brandon follows a well-developed operational plan with focus areas being active living, healthy eating, tobacco reduction, and stress reduction. Several initiatives have been implemented within each focus area. Examples include:

   ✓ Blue Light Campaign
   ✓ Expanded Community Gardens
   ✓ Several "Laughter Leaders" trained
   ✓ "Healthy Brandon in the Park" offered weekly throughout the summer

6. The Brandon RHA received funding from the Heart and Stroke Foundation of Manitoba for a Stroke Prevention Clinic pilot project. The Clinic was launched in October 2008. A comprehensive program evaluation was undertaken after one year, and based on positive results, the RHA has approved the conversion of the Clinic to a permanent program. The Region is currently undertaking a review of the overall stroke strategy.

7. Prairie Health Matters, the regional diabetes education program, has been working closely with the Health Promotion Unit staff, the Chronic Disease Team and community partners in the region to improve comprehensive programming and support for individuals at risk for or are living with Diabetes. A weight loss program was initiated through Prairie Health Matters. The region also participated in a Pre-Diabetes research project funded through the Public Health Agency of Canada.

8. The Renal Health Outreach Program saw the Pre-Renal Nurse provide education sessions in Sandy Bay, Birdtail and Brandon, with participation in World Diabetes Day and Diabetes Health Promotion.

9. The Brandon RHA has been an active partner on many housing and homelessness initiatives locally, provincially, and nationally. A new group entitled FREE (Feelings Respected Emotional Empowerment) has been developed to target those individuals with borderline personality disorders and was co-developed and co-delivered by staff at the Centre for Adult Psychiatry and Adult Community Mental Health. The RHA Mental Health programs successfully hosted the National Canadian Association for Suicide Prevention (CASP) conference. The region has actively recruited two additional psychiatrists to enhance clinical programming in children, adults, and the elderly.

10. The Brandon RHA remains committed to the 2003 Partnership Agreement involving 15 Aboriginal groups, Federal and Provincial government departments and other community agencies. The Aboriginal Workforce Initiative in the Brandon RHA continues to be successful with 47 new hires in 2009. The RHA Board adopted an administrative policy regarding the Aboriginal Workforce Initiative. The Region maintains active participation in all Aboriginal Health Fairs. The RHA participates in a mentorship program, in partnership with Service Canada and Advanced Education and Training, to support persons under the age of 19 years old who have dropped out of school. The Brandon RHA successfully completed the Closing the Cultural Gap Project designed to adapt the RHA current programs and services to increase access by Aboriginal (First Nation, Metis, and Inuit) people. The project staff gathered stories from over 200 interviews with members of the Aboriginal community to uncover themes and recommendations to improve access to the RHA programs. These recommendations for actions have been reviewed and integrated into the respective program action plans.

11. An Injury Prevention Plan was developed in partnership with Safe Communities Brandon and Area coalition and submitted December 2004. Priorities include:

    ✓ Falls prevention in seniors
    ✓ Falls prevention in children
    ✓ Motor vehicle injuries
    ✓ Young worker injuries

    This Injury Prevention Plan is incorporated into the Safety component of the City of Brandon Community Strategic Plan and included in annual update to community. Safe Communities Brandon and Area hosted the 3rd Annual Awards luncheon for community stakeholders to celebrate the National Safe Communities Day. The Brandon RHA received the Safe Communities Brandon and Area Community Service Partner Award in 2009.

12. The Brandon RHA Population Health Unit led the assessment and pedestrian-friendly redesign of the 1st and Victoria intersection in partnership with the City of Brandon and Manitoba Highways. A Playground Clean Up Day is held annually in one city park to engage the neighborhood in keeping their playground safe and clean. Safe Kids planning committee has been integrated as a working group of Safe Communities Brandon and Area. The Safe Kids Coalition held product roundup and children's safety village for 350 children and their parents. Several bike safety workshops were delivered

in collaboration with Healthy Brandon in-motion coalition. The Brandon RHA is active in the "Share the Road" partnership formed through Safe Communities Brandon and Area to address motor vehicle injuries; initial activities included review of signage and traffic patterns along major streets, and community projects to address barriers to safe active transportation. Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y.) program continues in partnership with eight community groups/agencies, educating Brandon area youth on the real consequences of risk-taking behavior and substance abuse. The Young Worker Injury Prevention committee has trained 500 Brandon area youth in Passport To Safety, a basic workplace health safety-training tool. Planning and Evaluation with the Brandon RHA conducted an Emergency Room Chart Review identifying injuries as the number one reason for emergency room visits in all age groups, with accidental falls the number one cause of injury. Safer Health Care Now! Initiative: Rideau Park PCH actively participated in the National Falls Collaborative in Long Term Care between September 2008 and April 2010. Both the fall and injury rates improved. The learning and process utilized for the National Falls Collaborative spread to a Fairview Home working group November 2009.

CHALLENGES AND FUTURE DIRECTION

Although the percentage of regular smokers within the Brandon Region has decreased over time from 32.7% in 1996 to 21.4% in 2007, the number remains high. Continued targeted tobacco reduction and cessation programs and public policy in partnership with other sectors must continue.

Monitoring and enforcement of our Regional Smoke Free Grounds policy remains a challenge. Ongoing staff, patient and public education is required.

Current data suggests an increasing number of teenage pregnancies in the Brandon Region. Enhanced education, counselling and programming will be required to try to decrease this trend.

The percentage of moms who discontinue breastfeeding prior to discharge from hospital continues to be 5-7% below the initiation rate. Further individual and community culturally relevant education is required.

The demand for services within the Hemodialysis Unit at the Brandon RHA continues to grow. The Region has developed a plan to address this increased demand and maximize the capacity to provide the care.

The burden of illness due to chronic disease continues to create strain on the resources in the region. The Brandon RHA plans to further enhance partnerships in this area to provide innovative programming to address the factors that lead to chronic disease.

STRATEGIC PRIORITY:

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people-centered, evidence-based, and needs driven.

This strategic priority aligns with the following Manitoba Health's Goals of "Improve quality, accessibility and accountability" and "Achieve a sustainable health system" as well as the following Provincial strategies:

- Advance healthy living through strategic partnerships for realignment of resources.
- Improve access and sustainability in health care delivery through strategic investment in resources.

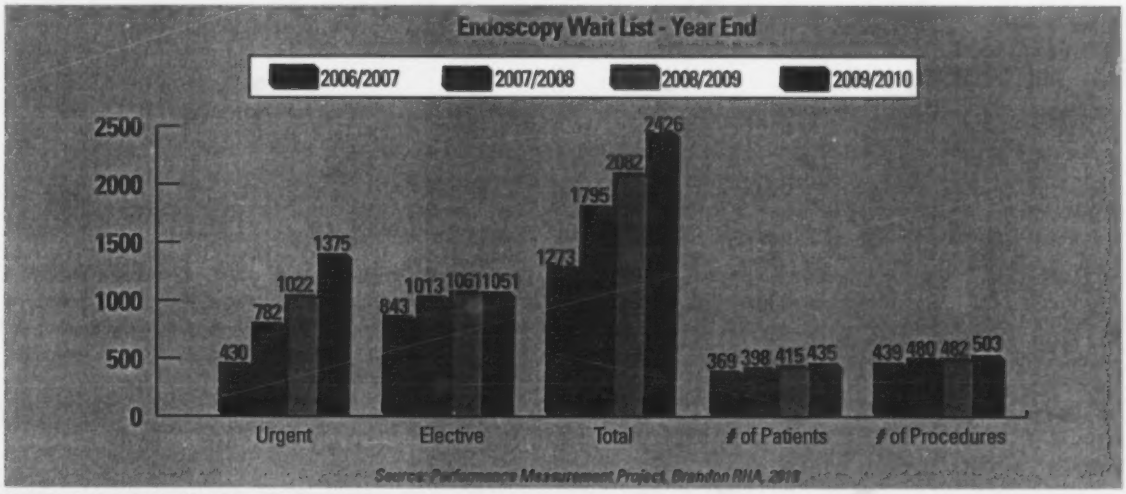
CRITICAL SUCCESS FACTORS AND STRATEGIES:

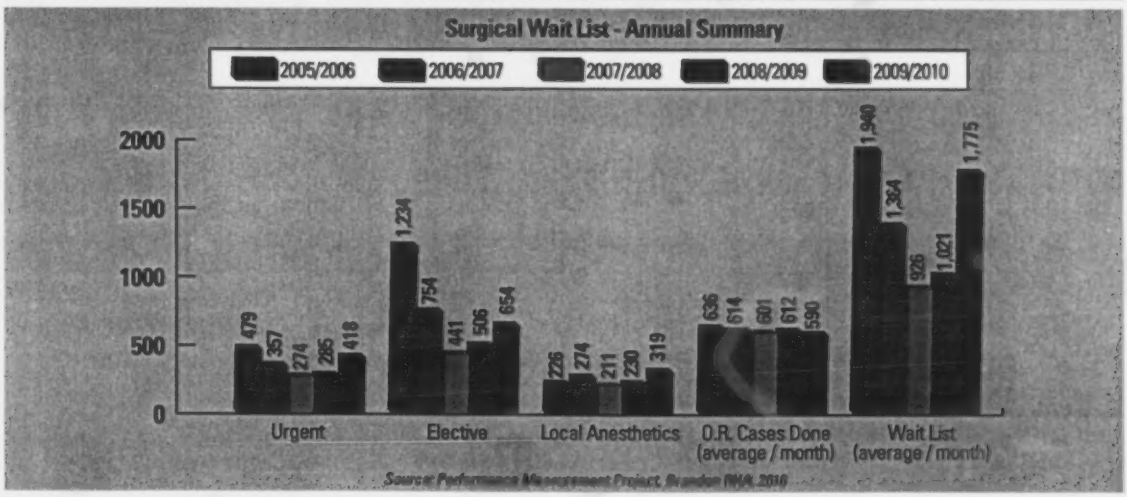
1. Participate in the Provincial Wait List Reduction Strategy in collaboration with Manitoba Health and the Assiniboine RHA:
   - ✓ Support the establishment of a short-term acute Rehab Unit in Rivers.
   - ✓ Support the development and implementation of an arthroscopy service in Minnedosa.
   - ✓ Increase the number of hip and knee replacements/revisions performed at the Brandon Regional Health Centre (excludes hip fracture repairs, which average 80 cases/year).
   - ✓ Increase the number of cataract surgeries performed at the Brandon Regional Health Centre (and Minnedosa).

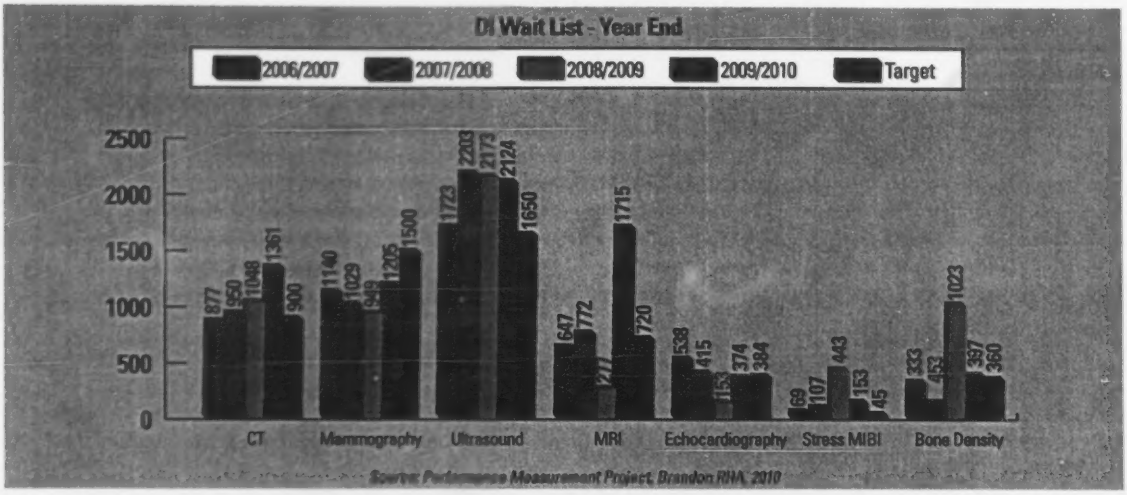
2. Reconfigure A2 and A3 inpatient units to create compatible patient groupings and improve utilization: A3 - Waiting Placement 26, Supportive Care 12, Palliative 12; A2 - Complex Medical 25, Stroke 12, Ortho Rehab 12.

3. Increase the number of medical beds by a minimum of 12 and complete renovations to the 4th and 5th floors of the General Centre to accommodate increased medical beds.
4. Implement strategies that improve access to physician specialist services, in collaboration with Manitoba Health and the two major clinics, informed by the "Physician Satisfaction Survey Action Plan".
5. Implement recruitment strategies and incentives that will facilitate achievement of the physician resource plan.
6. In collaboration with the Department of Family Practice and MB Health, develop a "Hospitalist" model based on best practices, and implement it in accordance with timelines established for recruitment.
7. Implement a Regional Infection Control Program with a Coordinator.
8. Complete the development, implementation, and monitoring of a Pandemic plan.
9. Continue to secure capital and operating funding for the Capital Management Plan, specialized equipment, and safety/ security projects.
10. Complete the development and implementation of a Radiation Therapy Unit in collaboration with Manitoba Health and CancerCare Manitoba (CCMB).
11. Improve accountability in the Emergency Room and promote a shift in efficient use of resources between care and prevention. Develop a plan to address wait time outliers.

PERFORMANCE RESULTS:







1. The Rehab Unit in Rivers continues to be an effective strategy to support the orthopedic program in Brandon; and to improve outcomes/earlier recovery for patients undergoing Arthroplasty surgery. The Arthroscopy program in Minnedosa continues. The total number of hip and knee replacements/revisions performed at BRHC for 2009/2010 is 170. The Prehab Program started running twice per week in July 2007 and operates now on Tuesdays and Thursdays. The number of cataract surgeries performed in our region has exceeded targets.

   Funding from the Manitoba Patient Access Network was received to complete a pilot project aimed at decreasing wait times, improving efficiencies and improving access to services in the GI Unit (Endoscopy), Emergency Room and the Operating Room. Several multidisciplinary teams have been working on projects utilizing LEAN Design/Six Sigma methodology to meet the project goals.

2. This action was completed in 2008/09 with the reconfiguration of A2 and A3 now fully operational.

3. A funding proposal for the reconfiguration of the 4th and 5th floors in the General Centre has been submitted to Manitoba Health. Additional consideration and planning to increase the medical beds needs to include renovating the aging infrastructure of the General Centre. The Brandon RHA will continue to develop a functional program for these remodels.

4. Physicians in Brandon participate in Clinical Field Assessments of International Medical Graduates (IMGs); 8 IMGs were assessed in Brandon during the 09/10 fiscal year. Brandon RHA hosted 51 medical students and residents in the fiscal year.

5. The Brandon RHA successfully recruited an additional Midwife starting in November 2009. Temporary privileges were granted to two ICU physicians and three specialists in the region. Brandon has been chosen as a site for the University of Manitoba "expanded distributed medical education". The first resident in this program is slated to start July 2010 with clerks commencing fall of 2010. Dr. J. Maier chosen as Site Lead.

6. A Hospitalist Model was implemented in the spring of 2009 and a formula was developed (in collaboration with MB Health) for expansion as volume increases.

7. A Regional Infection Control Nurse has been hired. Infection Control team is working on the development a coordinated response to infection control standards and practices.

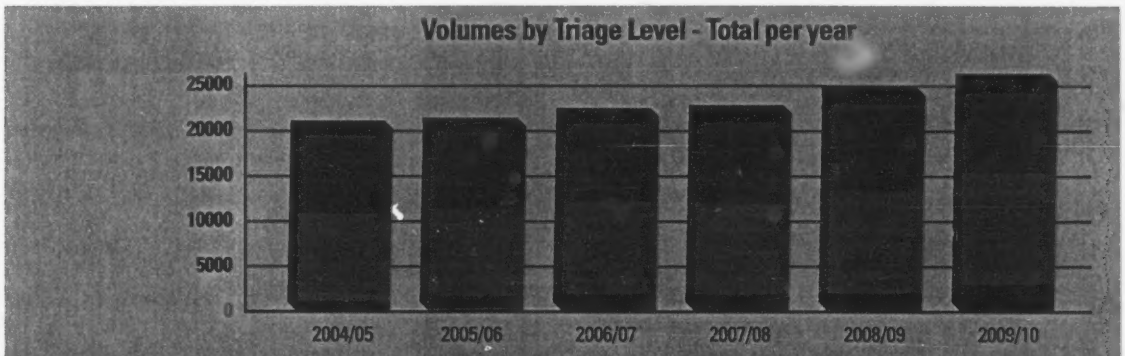
8. The Pandemic Plan was completed and tested during the 2009 H1N1 Influenza Pandemic. The Brandon RHA successfully executed a mass immunization campaign and provided a well-coordinated, safe and effective response to the pandemic.

9. The Brandon RHA received a global baseline adjustment of $5,133,600 and directed increases of $932,400, yielding a total increase of $6,066,000 (3.8%). In the fiscal year 2009/2010, the Brandon RHA spent $2.414 million on safety and security projects; $1.173 million on specialized equipment purchases; $1.998 million on basic equipment and $287,712 on room renovations.

10. Ground breaking on the Western Manitoba Cancer Centre occurred on September 11, 2009. Construction began in early October and continues on schedule. The general contractor has projected a substantial completion date of mid November 2010, with a move in date of early December 2010. The linear accelerator (radiation

delivery machine) and CT simulator have been purchased. Commissioning of this equipment is very technical and time consuming, resulting in an estimated start date for Radiation Services to be early 2011. A Radiation Oncologist, Nuclear electronics Technician, Medical Physicist and Physics Associate are currently in Winnipeg receiving their training. A Clinical Resource Nurse has been hired and additional nurses have also started to receive their training at CCMB to prepare for the opening of the centre.

11. The numbers of ER visits have been reduced over several years through triaging non-urgent visits to walk - in clinics. Through funding from the Manitoba Patient Access Network, a team of Emergency Room staff and physicians have been actively training in the LEAN Design/Six Sigma process and working on projects to improve access to patients that require Emergency Care.



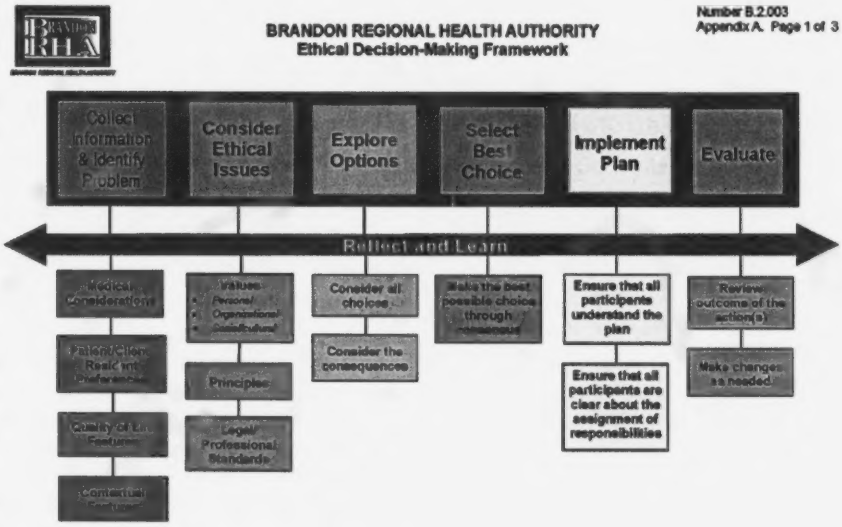
	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Level 5 - Non Urgent	685	755	765	915	989	1205
Level 4 - Semi Urgent	8320	8117	8355	8760	9263	8572
Level 3 - Urgent	9467	9427	9962	9799	11044	11965
Level 2 - Emergency	948	1430	1689	1593	1733	2680
Level 1 - Resuscitation	61	81	84	95	109	173

Source: Performance Measurement Project, Brandon RHA, 2010

CHALLENGES AND FUTURE DIRECTION

Demand for service continues to escalate, as does the cost of staffing, supplies and other operating expenses. The Region has growing needs for infrastructure renewal or upgrades, as well as space requirements to accommodate new/ enhanced programming.

The Brandon Regional Health Authority developed an Ethical Decision Making Framework and policy to help guide decision-making in our region. Further development of this framework in the context of Pandemic Planning is required both at a regional and provincial level.



STRATEGIC PRIORITY:

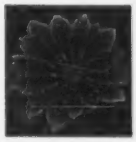
Health system integration with partnerships that enhance access and minimize duplication.

This strategic priority aligns with the following Manitoba Health's Goal of "Improve quality, accessibility and accountability" and the following Provincial strategies:

- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.
- Build an integrated primary care system.

CRITICAL SUCCESS FACTORS AND STRATEGIES:

1. Continue to develop and implement a region-wide integrated Electronic Health Record (EHR).
2. Update and submit a proposal to Manitoba Health for the development and implementation of a community-based Acquired Brain Injury Program (ABI) in collaboration with the ABI Interest Group (Westman).
3. Develop and implement strategies in collaboration with Manitoba Health and partner organizations that will ensure long term viability of the 7th Street Health Access Centre.



PERFORMANCE RESULTS:

1. Support plays a key role in the successful implementation of an EHR. In the last year, the department has increased their focus on consistency of training plans, continued monitoring of implementations and improved user support. Integration of electronic systems remains a key focus for activities in the acute care, long term care homes and community settings.
2. The Brandon RHA has completed an Acquired Brain Injury (ABI) needs assessment and has revised and re-submitted the new initiative proposal to Manitoba Health to provide support and programming for individuals in our community who are living with an Acquired Brain Injury. A local Brain Injury Support Group has been established and remains active.
3. The 7th Street Health Access Centre continues to provide many beneficial programs and services. The recent addition of a Nurse Practitioner at the Centre has afforded expanded programming and support.
4. The Brandon Regional Health Authority has been actively involved in the development of the Brandon Community Language Centre with fee-for-service translation services.

CHALLENGES AND FUTURE DIRECTION

The Brandon RHA recognizes an increase in the number of individuals in our region who require enhanced social supports or who are difficult to place in care due to their unique social and personal care needs. The region is undergoing an assessment of the individuals in our region with unique needs to better understand their requirements and to better provide support and programming. These individuals include but are not limited to the young disabled population and individuals with challenging behaviours.

Population projections from the City of Brandon, Economic Development (2009) indicate that almost 4000 dependent arrivals (spouses and children) are expected in the Brandon region by 2011. This projection does not include the number of children who are born in our region. This increase is expected to create increased demand for services in our region.

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters in the Manitoba public service, and strengthens protection from reprisal. The Brandon Regional Health Authority did not receive any disclosures under this legislation in 2009/10; therefore, no investigations or reports ensued.

Table 1.8: Maple Leaf foreign workers dependant arrivals

Year	Spouses	Children (0-12)	Children (13+)	Total per year
2007	149	274	194	617
2008	178	209	180	567
2009	285	301	327	913
2010	458	485	525	1468
2011	70	74	80	224
Total	1140	1343	1306	3789

Source: City of Brandon, Brandon Economic Development, 2009

STRATEGIC PRIORITY:

An organization that attracts and retains employees who feel valued and supported.

This strategic priority aligns with the following Manitoba Health's Goals of "Optimize the health status of all Manitobans" and "Achieve a sustainable health system" as well as the following Provincial strategies:

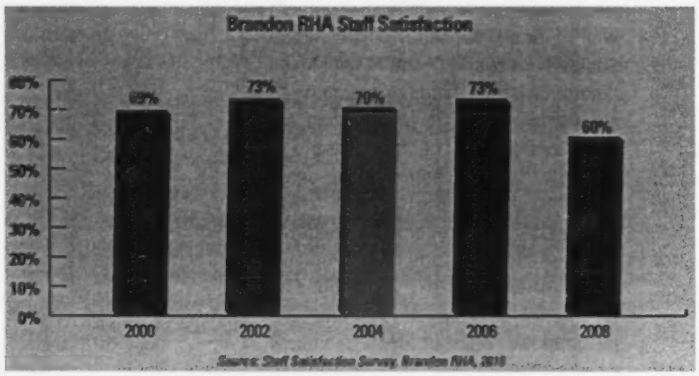
- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.

CRITICAL SUCCESS FACTORS AND STRATEGIES:

1. Ensure the development and implementation of a comprehensive strategic Human Resource Plan that includes: Strategic direction, Environmental scan (technical, external influences, etc.), Internal departmental and organizational analyses, HR Department review, Current and future human resources supply and demand, Quality of work life review, HR initiatives, Recommendations, Evaluation.
2. Ensure effective communication strategies throughout the Region.
3. Support implementation of a Child Day Care for the RHA employees.
4. Implement an Employee Wellness Program in collaboration with the Wellness Committee.

PERFORMANCE RESULTS:

1. Brandon RHA received recognition as a Top 25 Employer in the province for 2010. In order to meet the human resource needs of the organization now and into the future, the Brandon RHA deployed several recruitment strategies including the successful integration of 21 Registered Nurses from the Philipines into our organization. We continue to work closely with our educational partners and have established a high school based Health Care Aide program with the Brandon School Division and Assiniboine Community College and have developed an in-house Regional Recruitment initiative to help increase the complement of Health Care Aides. In order to support our employees, we have implemented several important policies and procedures including Disability Management, Attendance Management and Return to Work arrangements. We continue to roll out the Human Resources Information System (HRIS) to assist with scheduling, payroll etc.



2. 94% of our employees feel they are sometimes or always well informed about what is going on in the Brandon RHA. We publish a monthly in-house newsletter entitled the Regional Responder. This 8-page color document provides staff with useful information about programs and services, highlights organizational achievements, and serves to inform about new initiatives within the region. Staff also receives a weekly "What's Up" column to stay in touch.

   We have enhanced our ability to communicate both internally and externally, with the addition of another staff member in the Communications Department. This allows us the ability to enhance public education about our varied programs and services. We continue to publish the bimonthly Health Care News publication free to the residents of Brandon and RM's of Cornwallis, Whitehead and Elton, with drop boxes at some Assiniboine RHA sites.

   Our senior management team meets monthly in the Regional Leadership Team forum, and we bring the entire organizational management team together quarterly to share highlights and receive updates around the region.

3. The Brandon RHA has developed a Child Care arrangement with the Y South Child Care Centre (YMCA), to secure preferential placement for children of Brandon RHA employees.
4. Many of our employees continue to take advantage of the service provided by the Tobacco Dependence Counselor. Our Employee Wellness Program remains strong and dynamic and continues to promote and supply financial support to a variety of employee wellness initiatives. A workplace wellness conference was help in May of 2009 with excellent attendance. Funding in the amount of $17,678.50 was provided for 13 employee driven initiatives last year.

CHALLENGES AND FUTURE DIRECTION

The Brandon Regional Health Authority is not alone facing many challenges with regard to recruitment and retention of valuable human resources. We will continue to monitor the trends in workforce demand and work closely with our educational partners in our region to develop skilled resources to meet the staffing needs of our organization. We are experiencing a multi-generation workforce bringing a unique blend of work ethics and expectations. Efforts to help educate and inform our workforce on these differences will serve to create a more dynamic atmosphere. It is the hope of the Brandon Regional Health Authority that our employee-led Wellness Committee will continue to develop innovative approaches to support employee wellness throughout our region.

STRATEGIC PRIORITY:

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

This strategic priority aligns with the following Manitoba Health's Goal of "Improve quality, accessibility and accountability" and the following Provincial strategies:

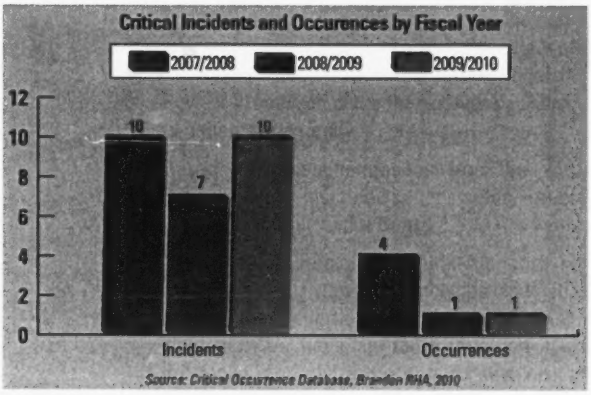
- Lead innovation and system change through strategic partnerships.
- Improve access and sustainability in health care delivery through strategic investment in resources.
- Build an integrated primary care system.

CRITICAL SUCCESS FACTORS AND STRATEGIES:

1. Acquire resources to facilitate and monitor the requirements for patient safety initiatives.
2. Participate in the "Safer Health Care Now!" campaign:
   - ✓ Deploy rapid response teams
   - ✓ Deliver reliable, evidence-based care for acute myocardial infarction
   - ✓ Prevent adverse drug events
   - ✓ Prevent central line infections
   - ✓ Prevent surgical site infections
   - ✓ Prevent ventilator-associated pneumonia (VAP)
3. Conduct patient safety leadership Walk Rounds.
4. Implement Accreditation Canada Patient Safety Goals and Organizational Practices.
5. Conduct a Climate of Safety Survey.
6. Utilize Root Cause Analysis for critical incidents.
7. Provide reports on patient safety to the Board semi-annually, including resolution/improvement.
8. Monitor and report adverse outcomes and critical incidents in accordance with policy.

PERFORMANCE RESULTS:

1. As part of the ongoing commitment to patient safety, the Brandon RHA has increased the resources needed to facilitate patient safety initiatives.
2. The Brandon RHA has chosen to enroll in Medication Reconciliation and the ICU (includes end-of-life care) collaborative. The RHA teams closely monitor indicators identifying their success in implementing the care 'bundles' required for safe care in these areas. The Region has chosen not to enroll in Rapid Response Teams or Prevent Central Line Infections sections of the campaign. Instead, in-house improvement campaigns were developed in these areas following the Safer Health Care Now! guidelines. The region has implemented a policy and procedure to complete medication reconciliation on admission in Acute Care, Home Care and Long Term Care. Recent results of an audit of this process indicate that the Acute Care rate of potential harm decreased from 73% (baseline) to 39% in December 2009; LTC rate of potential harm decreased from 80% (baseline) to 20% in July 2007. In the Brandon RHA, we have conducted a Root Cause Analysis and process review after every critical incident.
3. Patient safety leadership walk rounds involve members of the Executive Management Committee doing a 'walk round' in a specific program area. These members engage the staff members in conversations around patient safety issues, seek recommendations from staff and observe the physical layout of the program area. Feedback and issues related to patient safety in the specific areas has been extremely helpful in proactively implementing changes to mitigate risk.
4. In October 2009, the Brandon RHA hosted 6 surveyors from Accreditation Canada who performed a 5-day review of the organization against national quality standards. The Brandon RHA was pleased to receive "Accreditation with Report" status as a result of ongoing improvement efforts. The Region provided an initial report to Accreditation Canada in March of 2010, with a second report required in September of this year. The RHA is confident that the commitment to quality evidenced by the high standard of care provided in the region that we will receive a full accreditation award.
5. In conjunction with our Accreditation Process, we repeated our Climate of Safety Survey in 2009, with very little change over time, validating the results from earlier surveys.
6. The Brandon RHA continues to monitor and report adverse events and critical incidents in accordance with policy. We have a thorough Critical Incident Review Process in place that includes full disclosure to patients and family.
7. Based on recommendations from the Canadian Patient Safety Institute, patient safety reports are provided monthly to the Board.
8. The Brandon Regional Health Authority remains compliant with Manitoba's policies and legislation around the reporting and follow-up on Critical incidents. We have a robust reporting system in the region and utilize the data to develop targeted improvement initiatives. We have recently provided enhanced education on the Disclosure of Adverse Events.



CHALLENGES AND FUTURE DIRECTION

Patient safety continues to be an essential cornerstone of quality in the care and services we provide. Enhanced stewardship in this area is a priority for our Board of Directors. We will continue to invest in initiatives that improve patient safety and enhanced patient outcomes. Patient safety briefings will soon become a routine process in our program areas.

We are currently revising our continuous quality management program to incorporate the methodology of Lean Design/Six Sigma. With the development of the 2011-2016 Strategic Plan, we will create a comprehensive quality management program with actions and measures that will align our quality initiatives with our strategic priorities.

Deloitte.

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AUDITOR'S REPORT

To the Board of Directors of
Brandon Regional Health Authority

We have audited the consolidated statement of financial position of Brandon Regional Health Authority as at March 31, 2010 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standard require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of Brandon Regional Health Authority as at March 31, 2010 and the results of its operation and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Winnipeg, Manitoba
June 21, 2010

BRANDON REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As of March 31	2010	2009 (Restated - Note 17)
ASSETS		
CURRENT		
Cash	$ 8,202,853	$ 10,822,801
Accounts receivable (Note 3)	5,527,256	3,929,164
Inventories	2,040,309	1,427,950
Prepaid expenses	2,069,823	1,744,373
Due From Manitoba Health - Vacation	7,224,269	7,224,269
Due From Manitoba Health - Vacation Non-Devolved Facilities	190,916	788,820
	25,255,426	25,937,377
DUE FROM Manitoba Health - Pre-retirement	9,191,179	9,191,179
DUE FROM Manitoba Health - Pre-retirement Non-Devolved Facilities	199,105	826,654
LOAN RECEIVABLE - Brandon YMCA (Note 4)	320,000	-
INVESTMENTS (Note 5)	3,272,884	3,829,230
CAPITAL ASSETS (Note 6)	110,526,071	102,123,735
	$ 148,764,665	$ 141,908,175
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	$ 12,432,578	$ 10,106,035
Bank advances (Note 7)	836,707	926,708
Employee Future Benefits - Vacation	10,708,947	9,891,343
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation	190,916	788,820
Current portion of long term debt (Note 8)	117,699	110,515
	24,286,847	21,823,421
EMPLOYEE FUTURE BENEFITS - Pre-retirement	14,695,556	12,474,540
DUE TO NON-DEVOLVED FACILITIES - Employee Future Benefits - Pre-retirement	199,105	826,654
LONG TERM DEBT (Note 8)	525,848	643,546
DEFERRED CONTRIBUTIONS (Note 9)		
Expenses of future periods	1,741,829	1,539,192
Capital assets	102,964,965	97,986,025
	144,414,150	135,293,378
NET ASSETS		
Invested in capital assets (Note 10)	1,745,084	1,723,555
Internally restricted (Note 11)	4,048,769	3,784,734
Externally restricted (Note 11)	28,280	28,242
Unrestricted	(1,471,618)	1,078,266
	4,350,515	6,614,797
COMMITMENTS AND CONTINGENCIES (Note 13)		
	$ 148,764,665	$ 141,908,175

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 21, 2010. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-578-2300.

BRANDON REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS

For the year ended March 31	2010	2009
REVENUE		
Manitoba Health operating income		
Income as per Funding Document (excluding funding related to Capital and Interest)	$ 161,034,947	$ 166,056,547
One Time Funding	3,343,398	1,598,015
Retroactive Salary Payments	901,343	956,589
Recovery of Non Global Items	(258,374)	346,779
Other Manitoba Health Income	4,643,194	4,654,327
Total Manitoba Health Funding (Note 12)	169,664,508	173,612,257
Non-insured income	8,679,551	8,121,443
Other Income	3,613,430	3,316,131
Amortization of deferred contributions	9,699,380	9,436,065
Capital revenue - Non Devolved Facilities	126,583	346,764
Ancillary revenue	3,768,156	3,610,896
	195,551,608	198,443,556
EXPENSES		
Acute Care Services	108,078,456	111,935,883
Long Term Care Services	26,687,410	24,913,244
Medical Remuneration - All Programs	14,921,691	15,881,169
Community Based Mental Health Services	13,487,000	12,752,374
Community Based Home Care Services	7,541,373	6,888,692
Community Based Health Services	6,763,700	5,972,799
Land Ambulance	577,644	577,644
RHA Administration Costs	4,449,384	3,256,678
Amortization of capital assets	8,203,065	8,011,216
Capital payments - Facilities	126,583	346,764
Interest on long term debt	49,014	87,575
Other operating expenses	3,500,348	1,376,217
Ancillary expenses	3,358,799	3,080,651
	197,744,467	195,080,906
Excess (Shortfall) of revenue over expenses	$ (2,192,859)	$ 3,362,650
ALLOCATION OF EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES:		
Investment in Capital Assets - Manitoba Health Activities	$ (557,576)	$ (586,591)
Unrestricted - Manitoba Health Activities	(1,724,023)	3,781,763
Investment in Capital Assets - Non Manitoba Health Activities	(451,247)	(451,247)
Internally Restricted - Non Manitoba Health Activities	539,948	618,685
Externally Restricted	39	40
	$ (2,192,859)	$ 3,362,650

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 21, 2010. A complete set of financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from www.brandonrha.mb.ca or the Brandon RHA Administration office by calling 204-578-2300.

BRANDON RHA PROGRAMS AND SERVICES

Brandon Regional Health Centre (BRHC)

150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4000
Fax: (204) 578-4876

- Cancer Program (Chemotherapy)
- Cast Clinic
- Clinical Psychology
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- Heart Program
- Infection Control
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Lactation Consultant
- Medical Rehabilitation Unit
- Neonatal Intensive Care Unit
- Ostomy/Wound Care
- Paediatrics
- Pain Management
- Palliative Care/Waiting Placement
- Prehab Program
- Renal Unit (Dialysis)
- Respiratory Program
- Rehabilitation Services
- Short Term Emergency Program (STEP)
- Surgical Suite (Operating Room/Recovery)
- Tobacco Dependence Program
- Stroke Prevention Clinic
- Preoperative Assessment Clinic
- Renal Insufficiency Clinic

Regional Rehabilitation

- Communication Disorders
- Children's Therapy Initiative
- Occupational Therapy
- Physiotherapy
- Neuropsychology Clinics
- Recreation Therapy

Diagnostic Services

- MB Breast Screening Program
- Bone Density
- Cardiology (ECG/Stress Testing/ Holter Monitoring)
- CT Scan
- Echocardiology
- Electroencephalography (EEG)
- Fluoroscopy
- General Imaging (X-Ray)
- Mammography
- MRI
- Nuclear Medicine
- Pacemaker Clinic
- Respiratory Services
- Ultrasound

Allied Health Services

- Health Resource Centre (Library)
- MB Telehealth
- Medical Services
- Pharmacy, Rural Pharmacy
- Practice Guidelines Facilitator
- Social Work
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Laboratory

Public Health

A5 - 800 Rosser Avenue,
Town Centre
Brandon, Manitoba R7A 6N5
Ph: (204) 578-2500
Fax: (204) 578-2823

- Child Health Clinics
- Communicable Disease Control
- Community Nutritionist
- Community Postpartum Program
- Families First Program
- Healthy Beginnings—A Healthy Baby Program
- Immunization Services
- Prenatal Sessions
- School Health Program and Teen Clinic
- Sexual Health Program
- Travel Health Services
- Unified Referral Intake System (URIS)

Audiology Services
Ph: (204) 578-2390

Health Promotion Program
Unit C5—800 Rosser Avenue
Brandon, MB R7A 6N5
Ph: (204) 578-2193

Medical Officer of Health
Ph: (204) 578-2509

Midwifery Services
531 Princess Avenue
Brandon, Manitoba R7A 0P1
Ph: (204) 571-5530
Fax: (204) 571-5537

Prairie Health Matters
Diabetes and Heart Health
Ph: (204) 578-2370

Palliative Care
Ph: (204) 578-2340

7th Street Health Access Centre

20 - 7th Street
Brandon, Manitoba R7A 6M8
Ph: (204) 578-4800
Fax: (204) 578-4950

- Adult Community Mental Health Worker
- Community Health Nurse, Social Worker and Support Workers
- Community Support Facilitator (Aging in place, seniors and young disabled)
- Cultural Facilitators (Spanish, Russian, Mandarin)
- Housing Resource Worker
- Income Tax Program
- Mental Health Peer Education
- Needle distribution program/ sharps drop off site
- Nurse Practitioner (Extended Practice Nurse)
- Service Navigator
- Community-based Addictions Services
  Addictions Foundation of MB
- Family Services and Housing (off peak bus pass exchange site)
- Family Violence Outreach Worker
  YWCA Westmon Women's Shelter
- Free community phone, voicemail, computer and internet access
- Free shower and washer and dryer facilities

Long Term Care

Fairview Home
1351 - 13th Street
Brandon, Manitoba R7A 4S5
Ph: (204) 728-6696
Fax: (204) 727-7618

Rideau Park Personal Care Home
525 Victoria Ave. East
Brandon, Manitoba R7A 6S9
Ph: (204) 727-1734
Fax: (204) 726-6690

Brandon RHA is also associated with the following Personal Care Homes: Hillcrest Place, Dinsdale and Valleyview Care Centre

Mental Health Services

Community Mental Health
B13 - 800 Rosser Avenue,
Town Centre
Brandon, Manitoba R7A 6N5
Ph: (204) 578-2400
Fax: (204) 578-2822

- Psychosocial Rehabilitation
- Adult Community Mental Health
- Services for the Elderly

Centre for Adult Psychiatry (CAP)
BRHC - 150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4555
Fax: (204) 578-4940

Centre for Geriatric Psychiatry (CGP)
BRHC - Assiniboine Centre
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: (204) 578-4560
Fax: (204) 578-4948

Child and Adolescent Treatment Centre (CATC)
1240 - 10th Street
Brandon, Manitoba R7A 7L6
Ph: (204) 727-3445
Fax: (204) 727-3451
CSU Fax: (204) 728-5653
Toll Free: 1-866 403-5459

Westman Crisis Services Administration Office
Ph: (204) 725-3108
Fax: (204) 726-4665
Mobile Crisis Unit (MCU)
Ph: (204) 725-4411
Toll Free: 1-888-379-7699
Crisis Stabilization Unit (CSU)
Ph: (204) 727-2555

Quality, Planning and Evaluation

Ph: (204) 578-2315

- Accreditation
- Clinical Documentation
- Clinical Evaluation and Analysis
- Decision Support
- **Patient Representative**
  Ph: (204) 578-2158
  kartonv@brandonrha.mb.ca
- Patient Safety
  - Quality Improvement
  - Risk Management
- Population Health and Analysis
- Regional Policies

Corporate/Support Services

Ph: (204) 578-2300

- Biomedical/Biomedical Regional Services
- Communications
- Capital Planning
- Environmental Services
- Facility Engineering Services
- Financial Services
- Health Information and Electronic Health Record
- Human Resources
- Information Technology and Telecommunications
- Materiels Management
- Nutrition Services
- Occupational Health
- **Privacy Officer**
  (Your health information)
  Ph: (204) 578-4221
- **Safety and Emergency Services**
  - Security Officers
    Ph: (204) 578-4193
  - Parking Services
    Ph: (204) 578-2033

Home Care Services

150-B 7th Street, Town Centre
Brandon, Manitoba R7A 7M2
Ph: (204) 578-2325
Fax: (204) 578-2821
Referral line: (204) 578-2339
homecare@brandonrha.mb.ca

- Adult Day Program
- Assessment and Application for Personal Care Home or Chronic Care placement
- Assessment and Case Management for Home Care
- Care Giver Relief and Respite Care
- Equipment and Supplies
- Home Support and Personal Care Assistance
- Manitoba Home Oxygen Program
- Nursing and Therapy Services
- Personal Care Home Wait List Management
- Self /Family Managed Care Option
- Services for Seniors
- Supportive Housing

BRANDON RHA COMMENT LINE
(204) 578-2104 OR 1-800-735-6596